

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

PC SCAN

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED
EC

10/31/2018

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Jason Shelton

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 1:18-CV-04051
(To be supplied by the Clerk of this Court)

Tom J. Dart, Sheriff
Officer, Miller

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Jason Shelton
- B. List all aliases: N/A
- C. Prisoner identification number: R11846
- D. Place of present confinement: Danville C.C.
- E. Address: 3820 E main st. Danville, IL 61834

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom J. DAST
Title: Sheriff
Place of Employment: Cook County Jail
- B. Defendant: Miller
Title: officer
Place of Employment: Cook County Jail
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Illegal Search and
Illegal Arrest. 17-CV-7326
- B. Approximate date of filing lawsuit: 11-15-17
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

N/A
- D. List all defendants: EDDIE Johnson, Officer
Sandoval, Officer Mendoza
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Cook County
- F. Name of judge to whom case was assigned: SHARON Johnson
Coleman
- G. Basic claim made: violation of my 4th
Amendment Rights.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): still pending
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

My name is Jason Shelton ID# R11846. I'm an inmate at Danville C.E. on May 7th 2018 while being housed in Division 4 Wing P-2 I was going to the washroom when I was assaulted by two detainees between the hours of 7:00 pm and 7:20 pm I was hit in the back of my head where I fell to the ground, at that time both detainees grabbed dinner trays and began striking me over the head causing my head to split open. Officer Miller was in the enterlock at the time I was being assaulted and ~~he~~ did not come to help me, I was taken to Stroger hospital off grounds where I received staples in the top of my head. I hold Tom J. Dart Cook County Sheriff head of the Cook County Jail along with officer Miller who was the 3:00/10:00 pm wing officer at the time of my assault. Responsible, because the dinner trays were left on the wing for over

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

An hour and thirty minutes past feeding time, when they should have been taken off the wing 20 minutes after the wing had eaten, Because of the carelessness of officer miller and the lack of responsibility of the Cook County Jail my life was put at risk.

I Am bringing this Claim of Felony to protect.

See Camerace footage for may 7th 2018 Between the hours of 7:00pm to 7:30pm 3 to 10 Shift And you will see the Assault, I also have medical Records that will show I recieved medical Attion at Stroger hospital on may 7th 2018 Between 8:30 pm and 10:30 pm. I stayed over night at the hospital.

I would like to Strik the second Claim I made of the 10-17-17 Attack.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

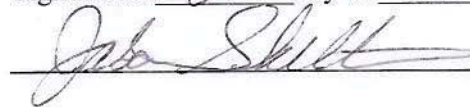
The Plaintiff is seeking Two Hundred thousand
dollars in Punitive damages, and Three Hundred thousand
dollars in compensatory damages.

VI. The plaintiff demands that the case be tried by a jury. 9 YES 9 NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 31 day of 10, 2018



(Signature of plaintiff or plaintiffs)

Jason Shelton

(Print name)

R11846

(I.D. Number)

3820 E main st.

DANVILLE, IL 61834

(Address)